

Work Order ID 97175

February-14-13 2:56:24 PM

97175

Page 1

Item ID: 646.3710

Accepted

N900040100

Setup Start

NS1

Revision ID:

Item Name: Doubler

Start Date: 2/14/13

Required Date: 2/28/13 Req'd Qty: 10.00

Required Date: 2/28/13 **Req'd Qty:** 10.00

Reference:

Approvals: Process Plan: *MLJ*

Date: 13-02-19 Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

ND2

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS							
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>						
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>						
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>						
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>							
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector				
Doc/Data													
Equip/Tooling													
Operator													
Material													
Setup													
Other													
Process													
Supplier													
Training													
Unapproved													
FAULT CATEGORY													
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio				<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions		<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	
												<input type="checkbox"/> Other	

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Page 2

Item ID: 646.3710

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Doubler

Start Date: 2/14/13 Start Qty: 10.00

10

Required Date: 2/28/13 Req'd Qty: 10.00

10

Cust Item ID:

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID
140

140

Outsource4

Outsource process - Anodize

Operation
Description

Outsource process-Anodize per QSI017 4.1.10.1

Set Up/
Run Hours
0.00

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

150

150

Packaging

Packaging

Receive & Inspect for Damage & Mat'l Certs

0.00

n/a S
13/02/13

160

160

QC

Quality Control

QC5- Inspect part completeness to step on W/O

0.00

n/a

Memo

NCR: Yes / No

DQA: Date:

WORK ORDER NON-COMPLIANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
Part No. _____			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
NCR No. _____			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear			General								
Bending			Bend			Grain		Ovalized		Pressure/Forced	
Centre Not Concentric to O/S			BOM/Route			Hardware		Over/Under tolerance		Temperature/Cure	
Cracks			Broken/Damaged			Inspection Incomplete		Part Incorrect		Weld	
Crushed/Crimped.			Burrs			Instructions Incomplete/Unclear		Part Lost/Missing		Wrong Stock Pulled	
Cuffs			Contamination			Maintenance		Part Moved			
Heat Treat			Countersink			Mislabeled		Positioned Wrong			
Inspection Strip in Tube			Cut Too Short			Misread		Power Loss/Surge			
Ripples in Bend			Drill Holes			Offset					
Torque Waves in Extrusion			Drawing			Out of Calibration					
Turning Sequence			Finish			Out of Sequence					
Wave/Twist in Tube			Folio			Outside Dimensions					

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Page 3

Item ID: 646.3710

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Doubler

Stop

NS2

Start Date: 2/14/13

Start Qty: 10.00 *10*

Cust Item ID:

Required Date: 2/28/13

Req'd Qty: 10.00 *10*

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start *NR1*
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
170 *170* SprayPaint Spray Painting	Memo PRIME AS PER DWG (SEE NOTE 2) BATCH: _____	0.00	u/a	1/4					
180 *180* QC Quality Control	QC14- Inspect Spray Paint QC Memo	0.00	1/4	1/4	1/4				
190 *190* Packaging Packaging	Receive & Inspect for Damage & Mat'l Certs Memo ***IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV***	0.00							

stock st420

1/13/13 30

NCR: Yes / No

DQA: Date:

WORK ORDER NON-COMPLIANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other			
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending	General			Bend	General			Grain	Ovalized	Pressure/Forced	
Centre Not Concentric to O/S				BOM/Route				Hardware	Over/Under tolerance	Temperature/Cure	
Cracks				Broken/Damaged				Inspection Incomplete	Part Incorrect	Weld	
Crushed/Crimped.				Burrs				Instructions Incomplete/Unclear	Part Lost/Missing	Wrong Stock Pulled	
Cuffs				Contamination				Maintenance	Part Moved		
Heat Treat				Countersink				Mislabeled	Positioned Wrong		
Inspection Strip in Tube				Cut Too Short				Misread	Power Loss/Surge		
Ripples in Bend				Drill Holes				Offset			
Torque Waves in Extrusion				Drawing				Out of Calibration			
Turning Sequence				Finish				Out of Sequence			
Wave/Twist in Tube				Folio				Outside Dimensions			

Work Order ID 97175

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Page 4

Item ID: 646.3710

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Doubler

Stop

NS2

Start Date: 2/14/13

Start Qty: 10.00

10

Cust Item ID:

Required Date: 2/28/13

Req'd Qty: 10.00

10

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

**Sequence ID/
Work Center ID**

**Operation
Description**

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

200

QC21- Final Inspection - Work Order Release

0.00

200

QC

Quality Control

Memo

0.00

13/4/8 JJ

AB-04-8

DQA: _____ Date: _____

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS						
				Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector			
Doc/Data <input type="checkbox"/> Equip/Tooling <input type="checkbox"/> Operator <input type="checkbox"/> Material <input type="checkbox"/> Setup <input type="checkbox"/> Other <input type="checkbox"/> Process <input type="checkbox"/> Supplier <input type="checkbox"/> Training <input type="checkbox"/> Unapproved <input type="checkbox"/>												
FAULT CATEGORY												
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio				Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other			

Picklist Print

February-14-13 10:52:34 AM

Page 1

Work Order ID: 97175

Parent Item: 646.3710

Parent Item Name: Doubler

Start Date: 2/14/13

Required Date: 2/28/13

Start Qty: 10.00

Required Qty: 10.00

Comments: IPP REV:A 12.12.19 NEW ISSUE DD VERF:JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
646.3710P Doubler		Manufactured	No				Each	0.0000		10			30x SP13-4-S

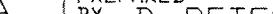
DQA: _____ Date: _____

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____		DISPOSITION		AGAINST DEPARTMENT/PROCESS					
Part No. _____		Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Machining <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>
NCR No. _____		Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>
Work Order Update <input type="checkbox"/>								Supplier <input type="checkbox"/>	Other <input type="checkbox"/>
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									
FAULT CATEGORY									
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions					
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other					

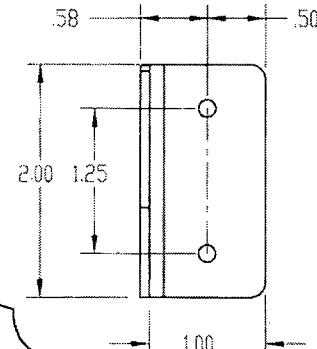
APICAL INDUSTRIES, INC.	ENGINEERING CHANGE NOTICE NO. 03702				SHEET 1 OF 2
	DWG NO. 646.3700	REV: A	PREPARED BY B. PETERS	DATE: 11/15/12	EFFECT ON DWG <input type="checkbox"/> INC. <input checked="" type="checkbox"/> UNINC.
DWG TITLE: SHEETMETAL					
APPROVED BY:	ENGR 	MFG 	QC 	EFF:	NEXT ORDER
TRANSACTION CODES (TC): A-ADD C-CREATE R-REVISE D-DELETE	REASON: ADDED ALTERNATE MATERIAL AND REVISED REFERENCE DIMENSIONS				ECR: D-12-010

SHEET 1, ZONE A2 IS:



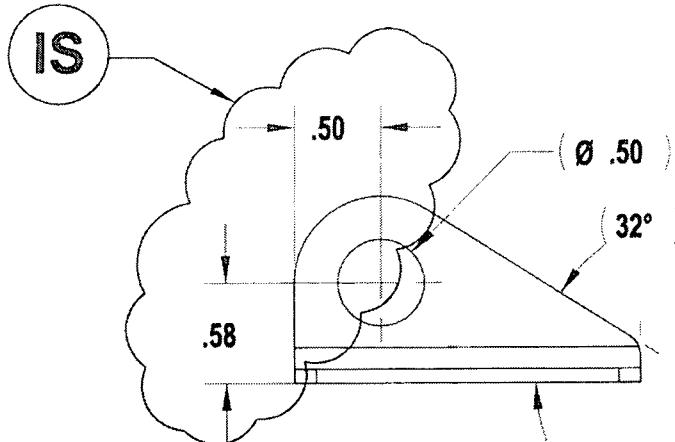
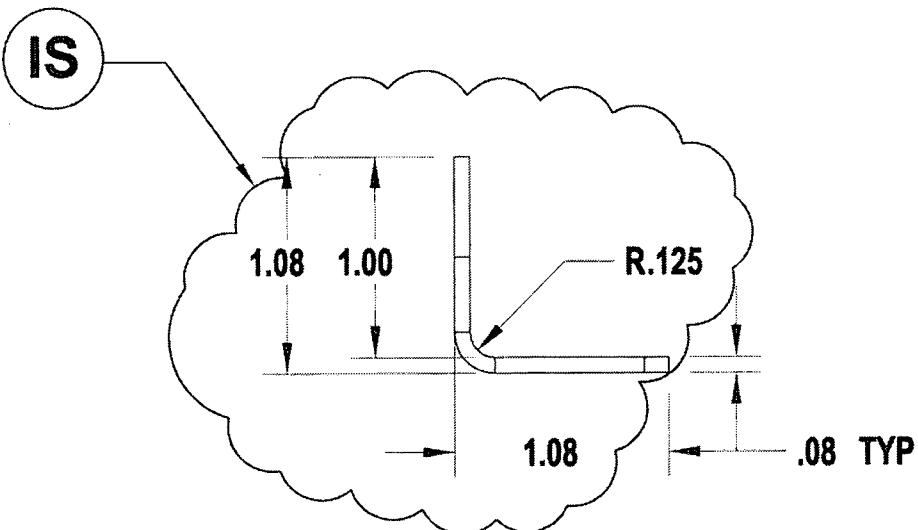
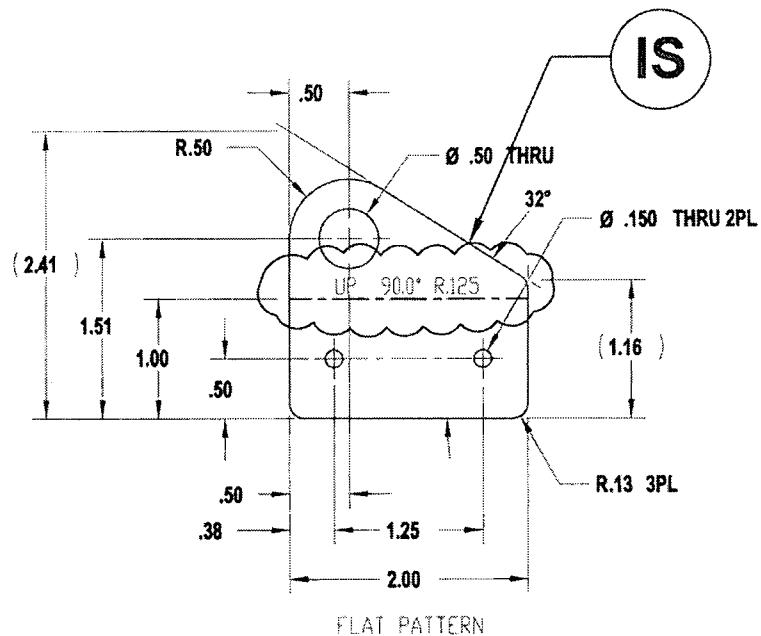
**⚠ PRIMARY MATERIAL: ALUMINUM 6061-T6 PER AMS-QQ-A-250/11
ALTERNATE MATERIAL: SS 17-4 PH PER AMS 5604**

15



SHEET 7, ZONE B1 IS:

F/N	TC	PART NUMBER	QTY	DESCRIPTION	MATERIAL	SPECIFICATION
DOCUMENTS EFFECTED:	<input type="checkbox"/> RFMS	<input type="checkbox"/> MDL	<input type="checkbox"/> INSTALL INSTRUC	<input type="checkbox"/> ICA	<input type="checkbox"/> BOM	<input checked="" type="checkbox"/> CHANGE CATEGORY <input checked="" type="checkbox"/> MAJOR <input checked="" type="checkbox"/> MINOR

**SHEET 7, ZONE C4 IS:****SHEET 7, ZONE D1 IS:****SHEET 7, ZONE B7 IS:**

F/N	TC	PART NUMBER	QTY	DESCRIPTION	MATERIAL/SPECIFICATION
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97175

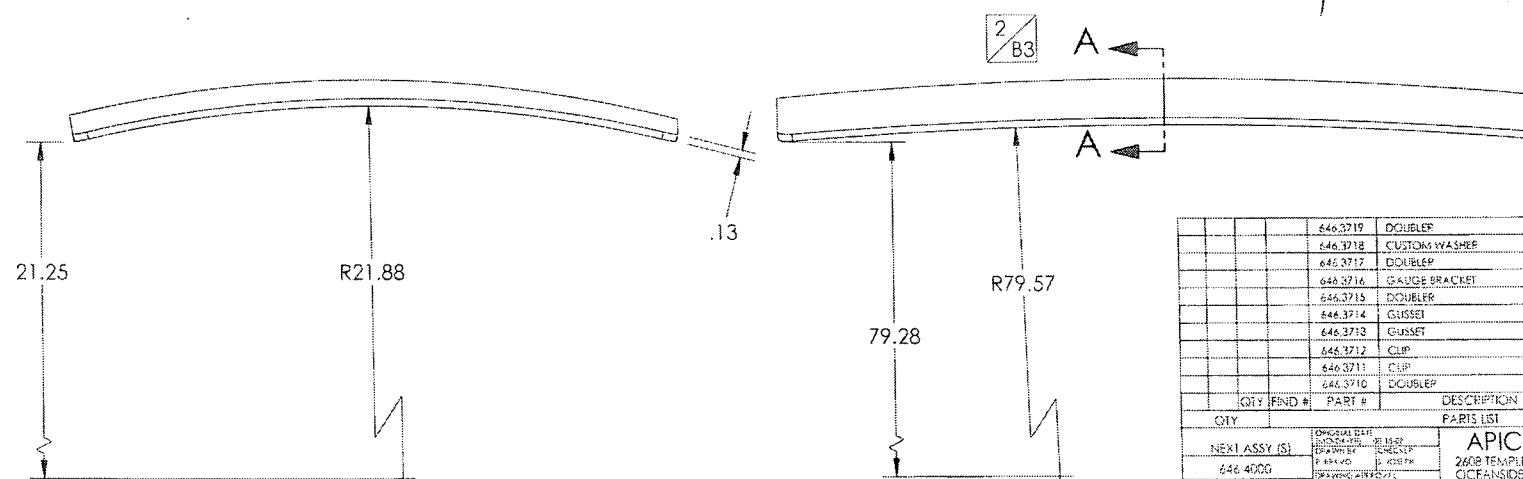
NOTES:

- 1** MATERIAL: ALUMINUM 6061-T6 PER AMS-QQ-A-250/11
- 2** FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III,
CLASS 2, COLOR BLACK;
CARDINAL 4860-50 PRETREATMENT PRIMER
PRIME IAW MIL-P-23377J TYPE I CLASS N
- 3** MATERIAL: 17-4 PH AMS 5604, CONDITION H900
- 4** FINISH: PRIME IAW MIL-P-23377J TYPE I CLASS N
- 5. DEBURR AND BREAK ALL SHARP EDGES
- 6. IDENTIFY IAW MPP-120

646.3710

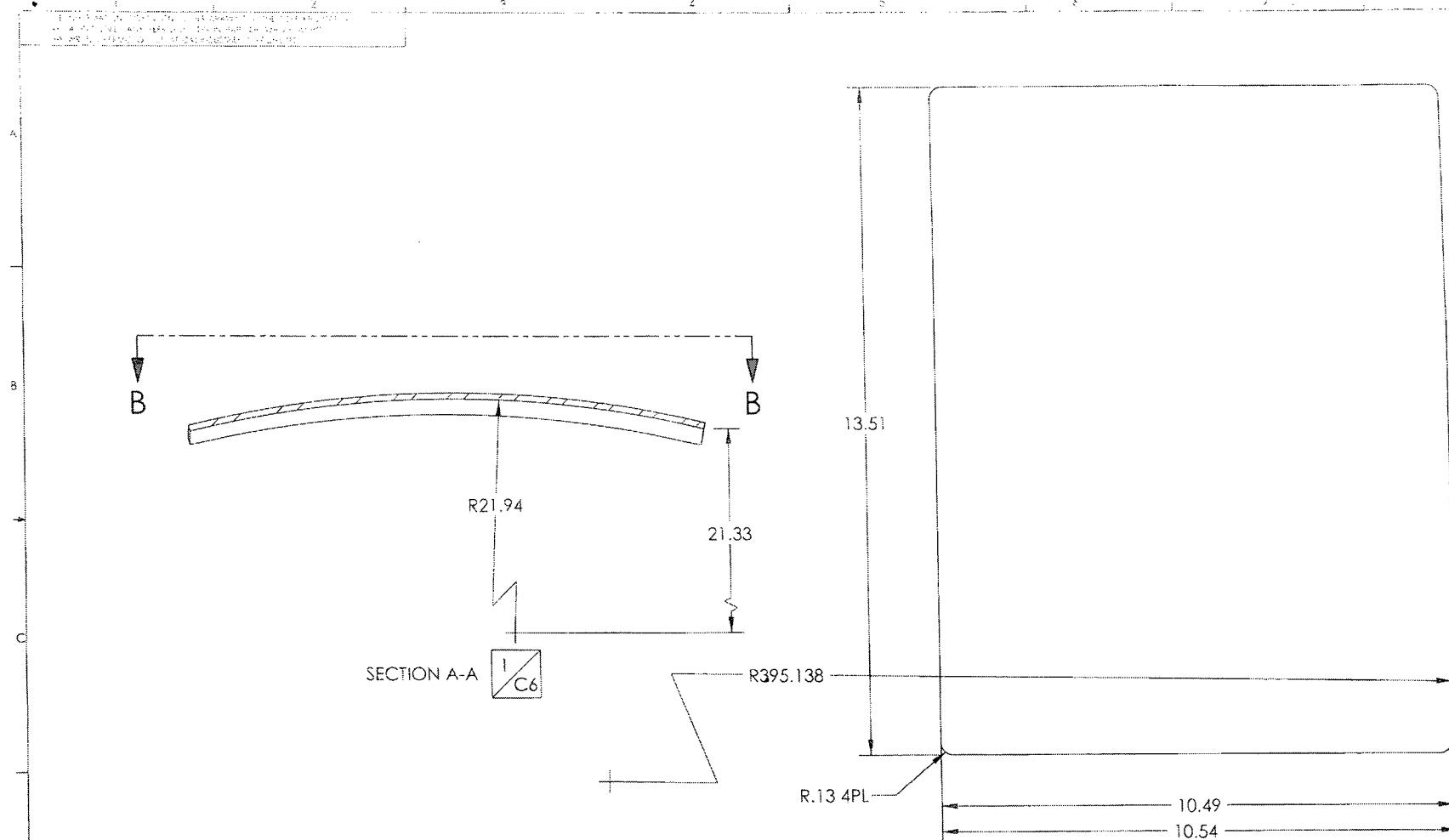
UNINCORPORATED ECN(s)

03902



QTY	REF#	PART #	DESCRIPTION	MATERIAL	SPEC.
PARTS LIST					
		646.3719	DOUBLER		
		646.3718	CUSTOM WASHER		
		646.3717	DOUBLER		
		646.3716	GAUGE BRACKET		
		646.3715	DOUBLER		
		646.3714	GUSSET		
		646.3713	GUSSET		
		646.3712	CLIP		
		646.3711	CLIP		
		646.3710	DOUBLER		
APICAL INDUSTRIES					
2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA 92056-3512 (760)724-5300					
SHEETMETAL					
PRINTED DATE: 04/04/2014 EXPIRE DATE: 04/04/2015 TO PRINT DATE: APR 04 2014 3 PAGE DOCUMENT 100% MATERIAL: 17-4 PH					
REV: E DATE: 04/04/2014 EXPIRE DATE: 04/04/2015 TO PRINT DATE: APR 04 2014 3 PAGE DOCUMENT 100% MATERIAL: 17-4 PH					
PART NO.: 646.3700 REV: A SCALE: NONE SHEET: 1 OF 2					

97175



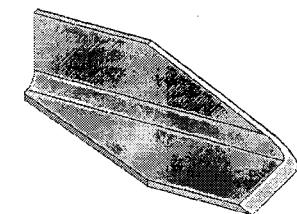
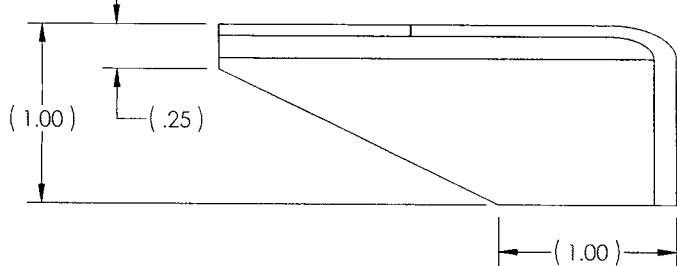
SECTION B-8

DCW-100-015	100-101-015	08-1802	APICAL INDUSTRIES	
DRIVERS NAME:		2408 TEMPLE HEIGHTS DR.		
HAROLD L. POSEN		OCEANSIDE, CA 92056-3512 (760)724-5300		
DRIVERS APPROVAL:				
1 YOUTH				
CONTACT INFO:		SHEETMETAL		
DRIVERS GENDER:		FEMALE		
DRIVERS ADDRESS:		2408 TEMPLE HEIGHTS DR.		
DRIVERS CITY:		OCEANSIDE		
DRIVERS STATE:		CA		
DRIVERS ZIP CODE:		92056		
DRIVERS PHONE NUMBER:		646-3700		
DRIVERS LICENSE NUMBER:		A		
DRIVERS EXPIRATION DATE:		08/04/2013		
DRIVERS GENDER:		F		
DRIVERS AGE:		28		
DRIVERS DEATH DATE:		08/04/2013		
DRIVERS SSN:		123-45-6789		
DRIVERS DOB:		08/04/1985		
DRIVERS ADDRESS 2:				
DRIVERS CITY 2:				
DRIVERS STATE 2:				
DRIVERS ZIP CODE 2:				
DRIVERS PHONE NUMBER 2:				
DRIVERS LICENSE NUMBER 2:				
DRIVERS EXPIRATION DATE 2:				
DRIVERS GENDER 2:				
DRIVERS AGE 2:				
DRIVERS DEATH DATE 2:				
DRIVERS SSN 2:				
DRIVERS DOB 2:				
DRIVERS ADDRESS 3:				
DRIVERS CITY 3:				
DRIVERS STATE 3:				
DRIVERS ZIP CODE 3:				
DRIVERS PHONE NUMBER 3:				
DRIVERS LICENSE NUMBER 3:				
DRIVERS EXPIRATION DATE 3:				
DRIVERS GENDER 3:				
DRIVERS AGE 3:				
DRIVERS DEATH DATE 3:				
DRIVERS SSN 3:				
DRIVERS DOB 3:				
DRIVERS ADDRESS 4:				
DRIVERS CITY 4:				
DRIVERS STATE 4:				
DRIVERS ZIP CODE 4:				
DRIVERS PHONE NUMBER 4:				
DRIVERS LICENSE NUMBER 4:				
DRIVERS EXPIRATION DATE 4:				
DRIVERS GENDER 4:				
DRIVERS AGE 4:				
DRIVERS DEATH DATE 4:				
DRIVERS SSN 4:				
DRIVERS DOB 4:				
DRIVERS ADDRESS 5:				
DRIVERS CITY 5:				
DRIVERS STATE 5:				
DRIVERS ZIP CODE 5:				
DRIVERS PHONE NUMBER 5:				
DRIVERS LICENSE NUMBER 5:				
DRIVERS EXPIRATION DATE 5:				
DRIVERS GENDER 5:				
DRIVERS AGE 5:				
DRIVERS DEATH DATE 5:				
DRIVERS SSN 5:				
DRIVERS DOB 5:				
DRIVERS ADDRESS 6:				
DRIVERS CITY 6:				
DRIVERS STATE 6:				
DRIVERS ZIP CODE 6:				
DRIVERS PHONE NUMBER 6:				
DRIVERS LICENSE NUMBER 6:				
DRIVERS EXPIRATION DATE 6:				
DRIVERS GENDER 6:				
DRIVERS AGE 6:				
DRIVERS DEATH DATE 6:				
DRIVERS SSN 6:				
DRIVERS DOB 6:				
DRIVERS ADDRESS 7:				
DRIVERS CITY 7:				
DRIVERS STATE 7:				
DRIVERS ZIP CODE 7:				
DRIVERS PHONE NUMBER 7:				
DRIVERS LICENSE NUMBER 7:				
DRIVERS EXPIRATION DATE 7:				
DRIVERS GENDER 7:				
DRIVERS AGE 7:				
DRIVERS DEATH DATE 7:				
DRIVERS SSN 7:				
DRIVERS DOB 7:				
DRIVERS ADDRESS 8:				
DRIVERS CITY 8:				
DRIVERS STATE 8:				
DRIVERS ZIP CODE 8:				
DRIVERS PHONE NUMBER 8:				
DRIVERS LICENSE NUMBER 8:				
DRIVERS EXPIRATION DATE 8:				
DRIVERS GENDER 8:				
DRIVERS AGE 8:				
DRIVERS DEATH DATE 8:				
DRIVERS SSN 8:				
DRIVERS DOB 8:				
DRIVERS ADDRESS 9:				
DRIVERS CITY 9:				
DRIVERS STATE 9:				
DRIVERS ZIP CODE 9:				
DRIVERS PHONE NUMBER 9:				
DRIVERS LICENSE NUMBER 9:				
DRIVERS EXPIRATION DATE 9:				
DRIVERS GENDER 9:				
DRIVERS AGE 9:				
DRIVERS DEATH DATE 9:				
DRIVERS SSN 9:				
DRIVERS DOB 9:				
DRIVERS ADDRESS 10:				
DRIVERS CITY 10:				
DRIVERS STATE 10:				
DRIVERS ZIP CODE 10:				
DRIVERS PHONE NUMBER 10:				
DRIVERS LICENSE NUMBER 10:				
DRIVERS EXPIRATION DATE 10:				
DRIVERS GENDER 10:				
DRIVERS AGE 10:				
DRIVERS DEATH DATE 10:				
DRIVERS SSN 10:				
DRIVERS DOB 10:				
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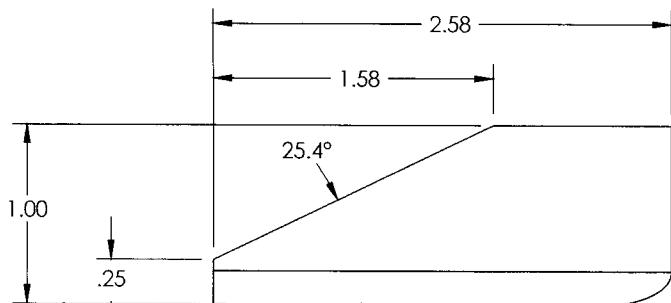
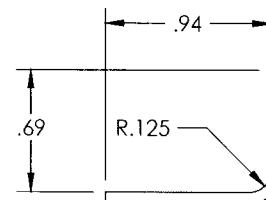
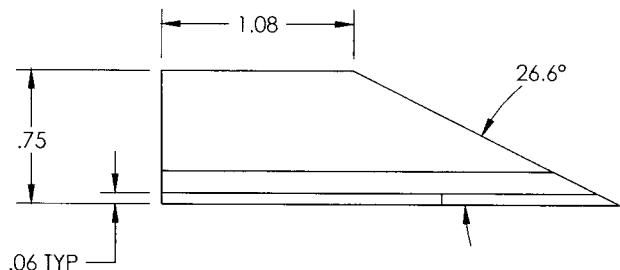
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BY WRITTEN PERMISSION OF APICAL INDUSTRIES IS PROHIBITED.

REF.	DESCRIPTION	DATE	APPROVED
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97175

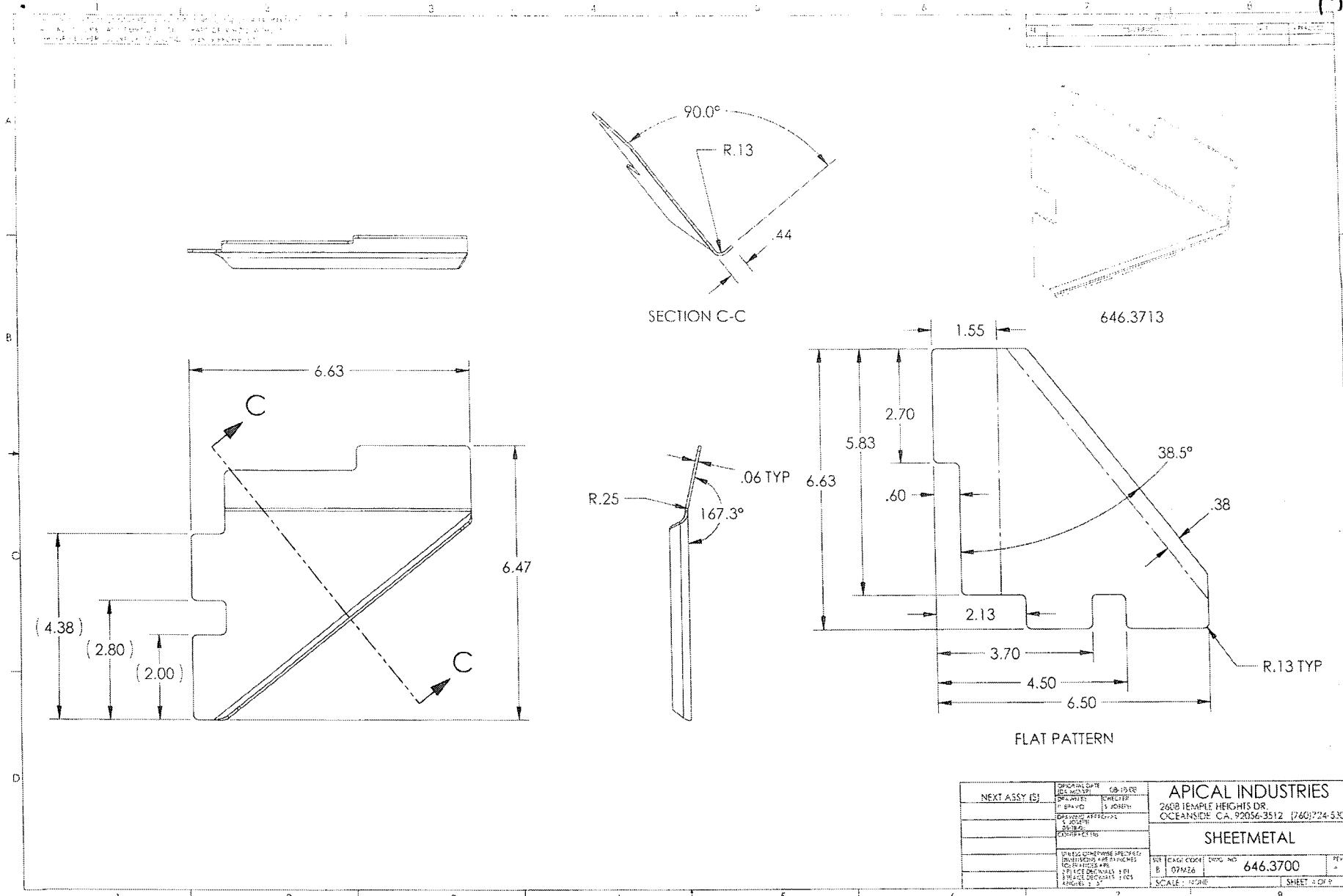


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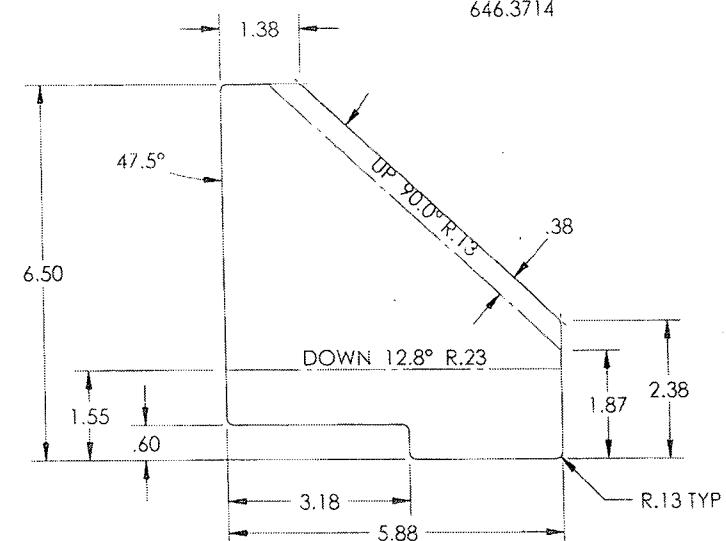
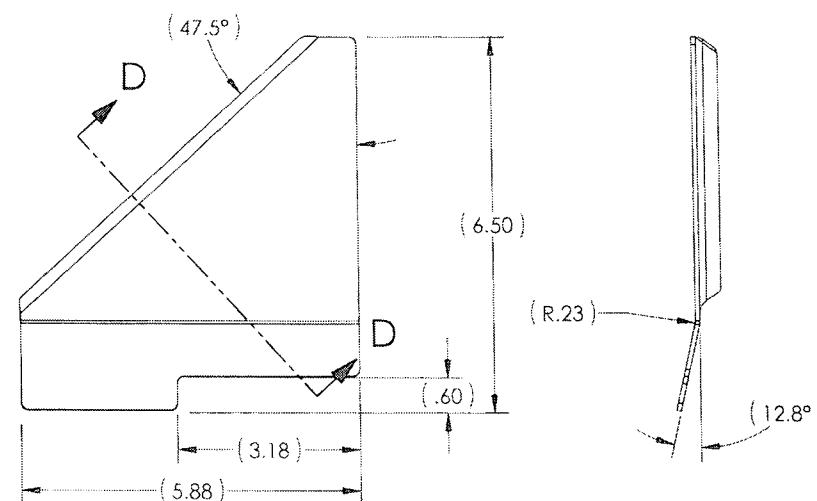
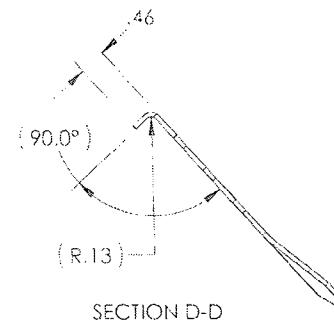
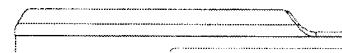


NEXT ASSY (S)	ORIGINAL DATE (D-A-MO-YR) 08-18-05
DRAWN BY P. BROWN	CHECKED S. JOSEPH
APPROVAL S. JOSEPH D. LEON	CONTRACTING
APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300	
SHEETMETAL	
SIZE B 07MZ6	REV. A DRAW. NO. 646.3700
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ± .01 2 PLACE DECIMALS ± .005 3 PLACE DECIMALS ± .0005 ANGLES ± 5°	
SCALE: NONE	
SHEET 3 OF 9	

97175

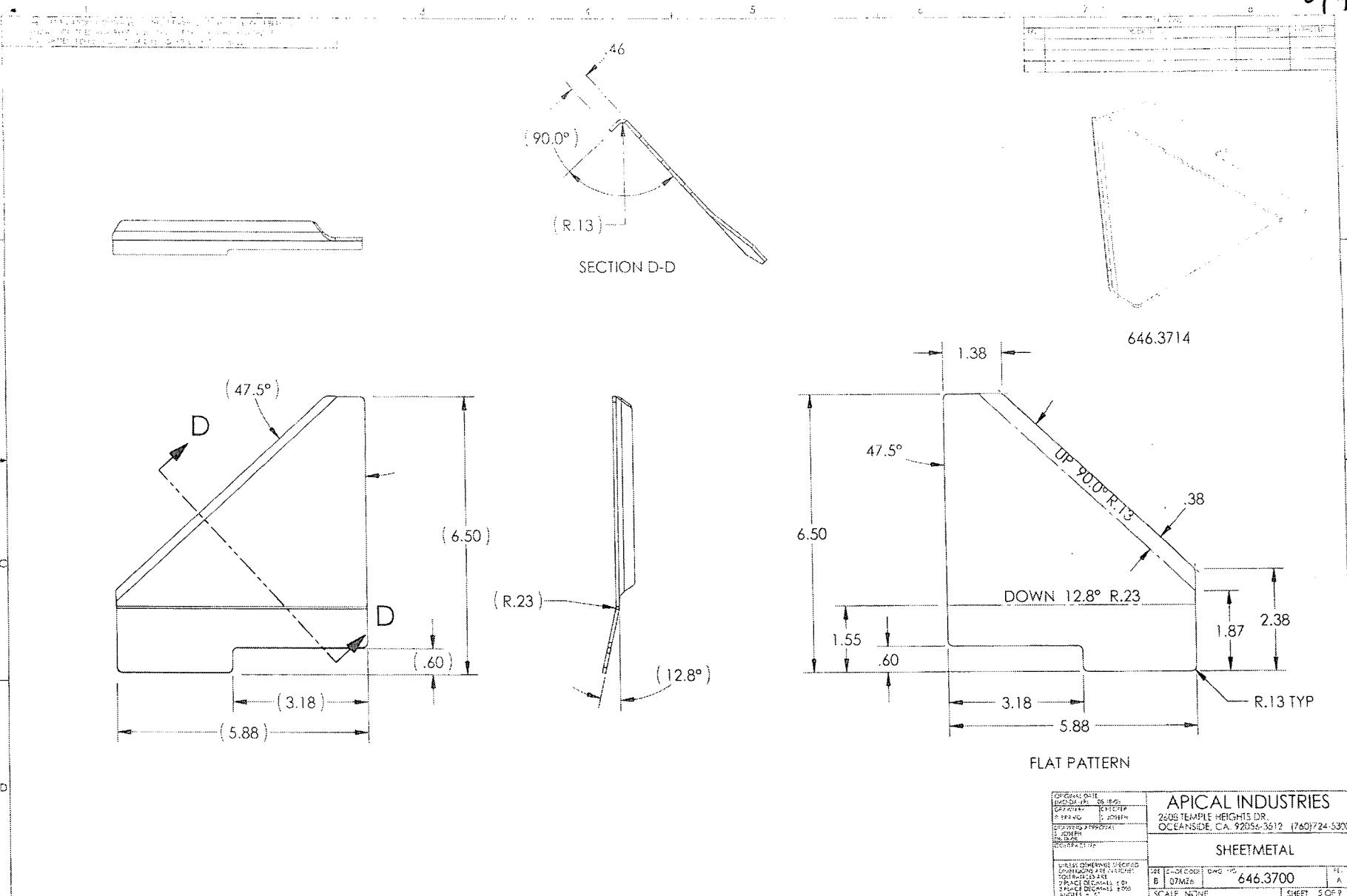


97175



FLAT PATTERN

ORIGINAL DATE 05/04/01	APICAL INDUSTRIES
DESIGNER P. REED	2609 TEMPLE HEIGHTS DR.
REVIEWER P. REED	OCEANSIDE, CA 92056-3512 (760)724-5300
SPONSOR J. COOPER	
CCRP/AT/2	
URGENT OTHERS SPECIFIED	SHEETMETAL
TO BE DRAWN AS:	
SPACE DELETED AS:	
ANGLES ± 2°	
SCALE: NONE	SHEET 5 OF 9



97171

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2.50

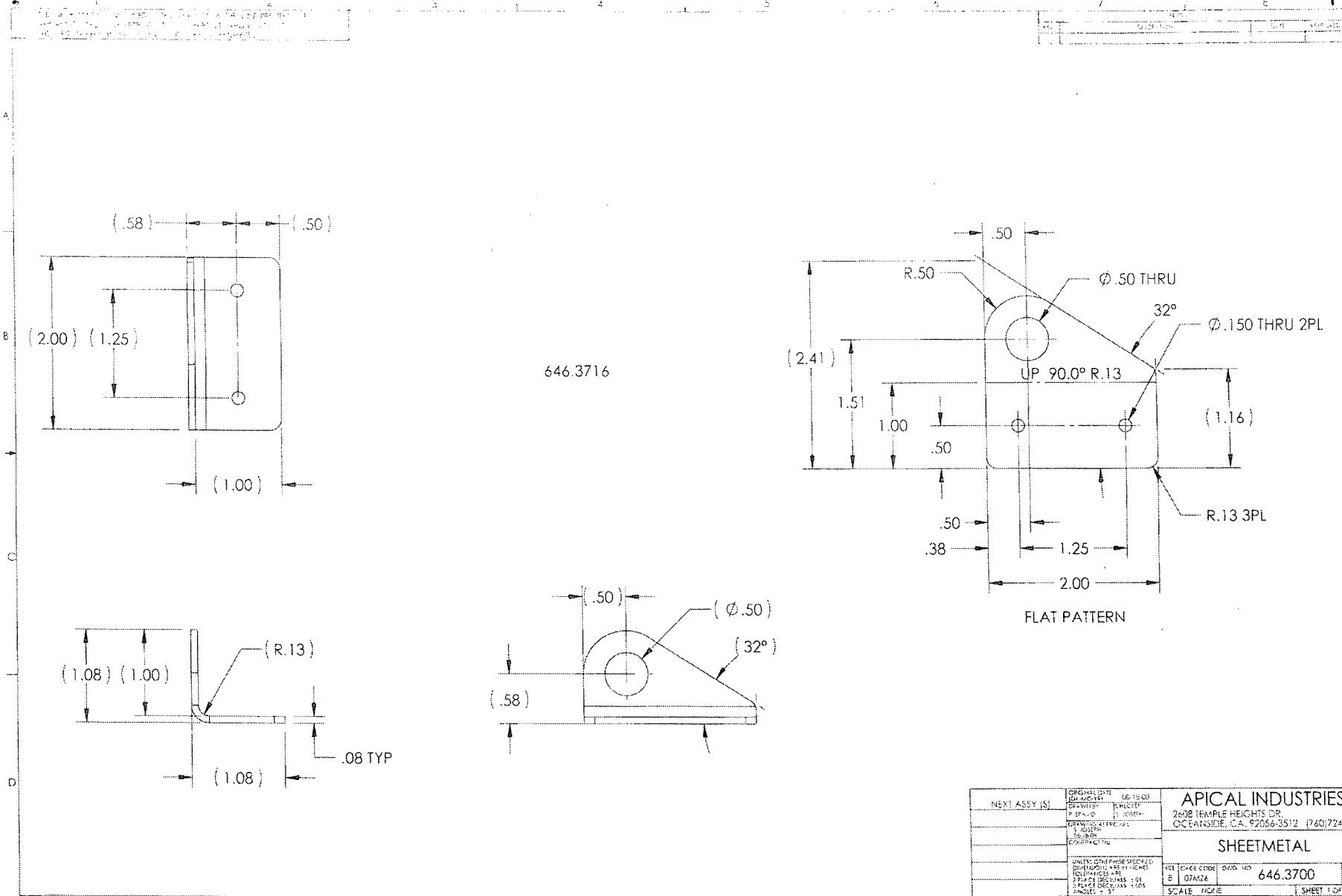
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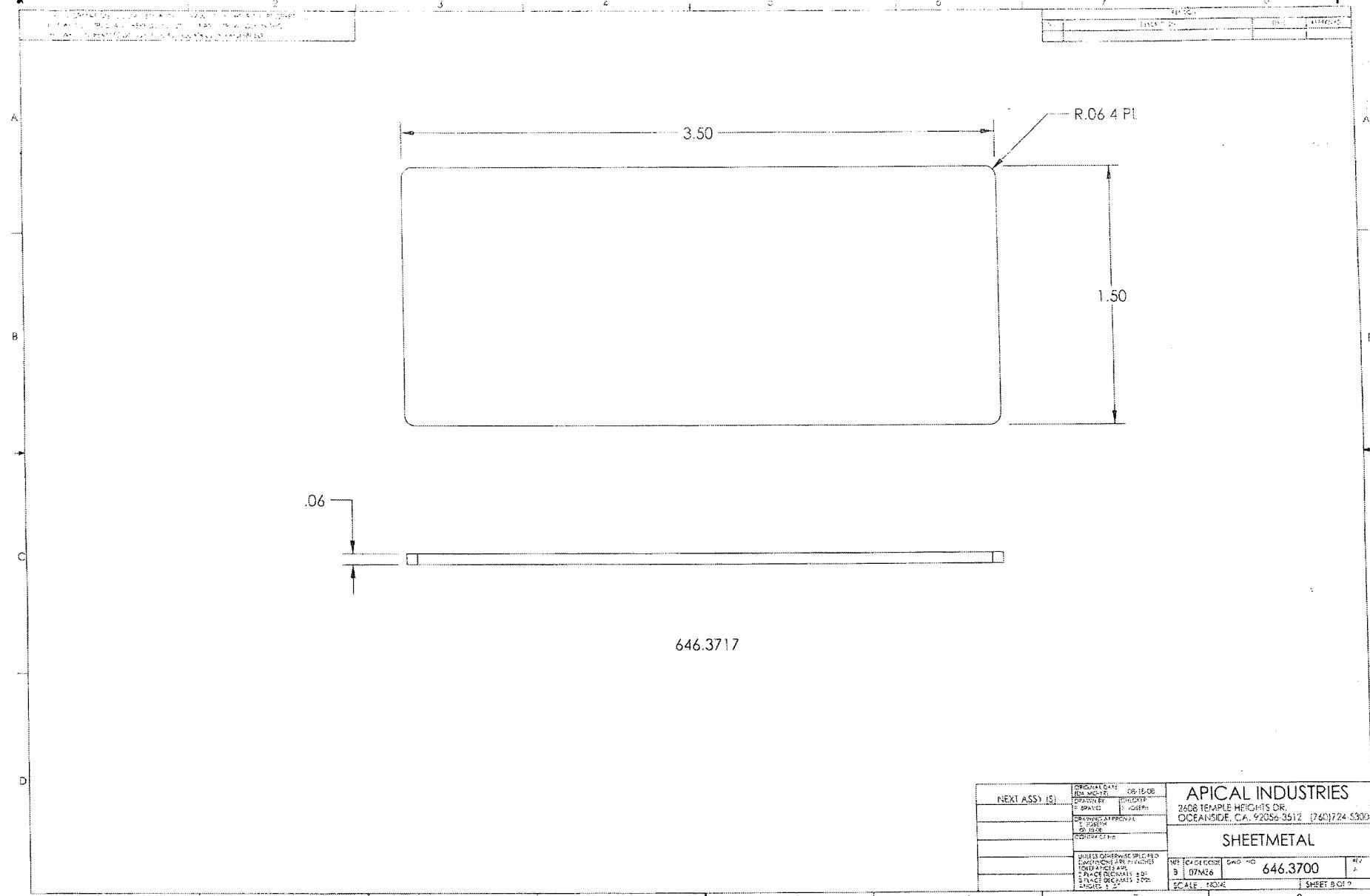
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ORIGINAL DATE 02-16-08	REVISIONS P:0000	CHECKER S: ROSEY
DRAWING APPROVAL:		
DESIGNER: CONTRACTOR:		
THIS IS A COMPUTER GENERATED DRAWING AND SHOULD NOT BE USED FOR CONSTRUCTION.		
APICAL INDUSTRIES 2658 TEMPLE HEIGHTS DR. OCEANSIDE, CA 92056 3512 (760)724-5320		
SHEETMETAL		
SET DATE CODE: D05-10 B:0000		REV: A
646.3700		
SCALE: 1:1 NONE		
1 SHEET & OF 1		



NEXT ASSY (S)	ORIGINAL DTR 100-100-100	00-10 GS
MANUFACTURER	APICAL INDUSTRIES	2608 EMPIRE HEIGHTS DR.
TYPE	STAINLESS STEEL	OCEANSIDE, CA. 92056-3512 (760)724-5300
DRAWING DATE	10/10/01	
REVISION	A	
CONTRACTOR		SHEETMETAL
UNLESS OTHERWISE SPECIFIED: TOLERANCES ARE INCHES AND DEGREES. ANGLES = 3°		PRINTED 10/10/01 BY: DMAR DRAFTS: DMAR CHECKED: DMAR DESIGNED: DMAR APICAL INDUSTRIES
SCALE: NO SCALE	646.3700	1 SHEET 1 OF 4

97175



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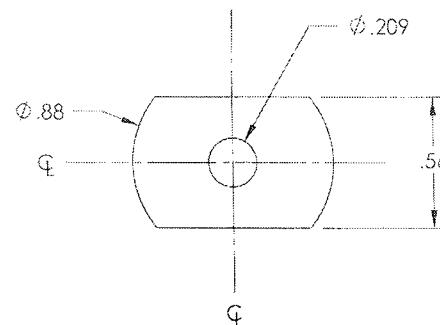
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EXHIBIT D
PRINTED ON 08-16-06 BY P. BRAVO

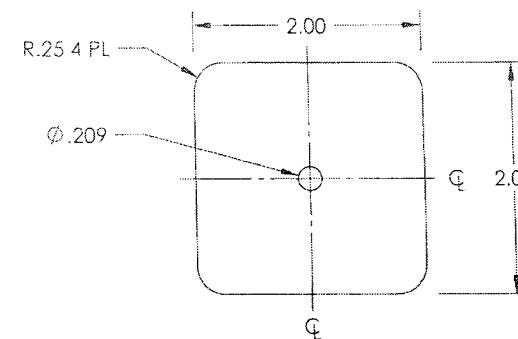
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EXHIBIT D
PRINTED ON 08-16-06 BY P. BRAVO

A
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C
D



646.3718



646.3719

NEXT ASSY (S)		EXHIBIT DATE 08-16-06
DRAWN BY P. BRAVO		REVIEWED BY J. JOSEPH
APPROVED BY P. BRAVO		DATE 08-16-06
CONTRACT NO.		
UNLESS OTHERWISE SPECIFIED		
STOCK NUMBER 646.3700		
TOLERANCES AS PER ASME Y14.5M		
3 PLACE DECIMALS 0.000		
ANGLES 1° 30'		
SHEET CODE PAGE NO 646.3700		274
B 07M16		A
SCALE 1:100.5		SHEET 2 OF 4

APICAL INDUSTRIES
2609 TEMPLE HEIGHTS DR.
OCEANSIDE, CA 92056-3512 (760)724-5300
SHEETMETAL

**SOUTHLAND FABRICATION
411 INDUSTRIAL WAY
FALLBROOK, CA. 92028**

PACKING SLIP

No : 00012419

To: Dart Aerospace Ltd
1270 Aberdeen Street
Hawesbury ON K6A 1K7
Canada

Ship To: Dart Aerospace Ltd
1270 Aberdeen Street
Hawesbury ON K6A 1K7
Canada

Shipment Information				
Carrier	Tracking Number	Origin	Date Shipped	Quantity
UPS	PO19184	ORIGIN	04/02/2013	1

30 646.3710 A 00011703
Doubler

SP 13-4-5

Received By:

Date:

Certificate Of Compliance

Date : 04/02/2013

Job No. : 00011703

Customer : Dart Aerospace Ltd

P.O. Number : PO19184

Part Number : 646.3710

A

Quantity : 30

Description : Doubler

We hereby certify that all parts and/or material supplied by us have been produced in conformance with all contractually applicable purchaser's specification as referenced in the purchase order and/or drawing(s) supplied.

Received By:

Date:

PRESS HARD WHEN WRITING

1	NAME OF SENDER Jason Secola	TELEPHONE/TELEX NO.: VERY IMPORTANT 760-723-4006
S H I P P E R	COMPANY NAME AND ADDRESS Southland Fabrication	
	411 Industrial way	
	Fallbrook Ca. 92028	
	COUNTRY U.S.A.	
2	SHIPPER'S IDENTIFICATION NO. FOR CUSTOMS PURPOSES (EIN, ETC.) 	

5 DATE
4-3-15

6	NUMBER OF PACKAGES IN SHIPMENT 1	7 TOTAL WEIGHT IN SHIPMENT 58
8	SHIPMENT REFERENCE NO. REFERENCE NUMBER 1 	
	REFERENCE NUMBER 2 	

3	NAME OF CONTACT PERSON 	TELEPHONE/TELEX NO.: VERY IMPORTANT 613-632-9577
C O N S I G N E E	COMPANY NAME AND ADDRESS Dart Aerospace Ltd.	
	1270 Aberdeen	
	Hawkesbury, ON. K6A 1K7	
	COUNTRY Canada	
4	CONSIGNEE'S IDENTIFICATION NO. FOR CUSTOMS PURPOSES (GST, VAT, IMPORTER'S NO., ETC.) 	

9	NAME OF CONTACT PERSON 	TELEPHONE/TELEX NO.: VERY IMPORTANT
S O L D T O	COMPANY NAME AND ADDRESS 	
		COUNTRY
10	CONSIGNEE'S IDENTIFICATION NO. FOR CUSTOMS PURPOSES (GST, VAT, IMPORTER'S NO., ETC.) 	

DESCRIPTION AND VALUE OF CONTENTS					
QUANTITY	COMPLETE DESCRIPTION OF CONTENTS	COUNTRY OF ORIGIN (WHERE MANUFACTURED)	CUSTOMS COMMODITY CODE NUMBER IF KNOWN (HARMONIZED CODE)	UNIT VALUE (US \$)	TOTAL VALUE (US \$)
30	#646-3710P Doubled			268.00	8040.

17	COUNTRY OF ULTIMATE DESTINATION 	18 VALIDATED LICENSE NUMBER AND EXPIRATION DATE OR GENERAL LICENSE SYMBOL 	19 TERMS OF SALE 	12 TOTAL VALUE OF C.O.D. (US \$) 8040.
----	--	---	-----------------------------	--

20	REMARKS 	13 INSURANCE CHARGE (US \$)
		14 TRANSPORTATION CHARGE (US \$)
		15 TOTAL INVOICE VALUE (US \$)

21	FOR SHIPMENTS TO CANADA CERTIFICATION OF U.S. ORIGIN (INITIAL THE BOX WHEN APPLICABLE)	16 DUTY, TAX, AND BROKERAGE SERVICE CHARGE INCLUDED IN INVOICE VALUE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
	I CERTIFY THAT THE GOODS REFERENCED IN THIS INVOICE/SALES CONTRACT ORIGINATE UNDER THE RULES OF ORIGIN SPECIFIED FOR THESE GOODS IN THE NORTH AMERICAN FREE TRADE AGREEMENT (NAFTA), AND THAT FURTHER PRODUCTION OR ANY OTHER OPERATION OUTSIDE THE TERRITORIES OF THE PARTIES HAS NOT OCCURRED SINCE UPON WHICH THE INVOICE WAS ISSUED.	



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID PO19184

Purchase Order Date 2/26/13
PO Print Date 2/26/13

Page Number 1 of 1

Order From : VU-SOU004

SOUTHLAND FABRICATION
411 INDUSTRIAL WAY
FALLBROOK, CALIFORNIA 92028

Contact Name	Buyer	Chantal Lavoie
Vendor Phone	Requisition Nbr	
Vendor Fax	Tax Resale Nbr	10127-2607
Vendor Account Nbr	Terms	Net 30
	Currency	USD
	FOB	Destination-Collect

Ship To : DART AEROSPACE LTD 1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

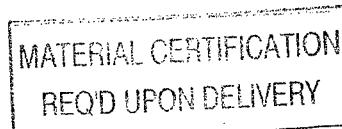
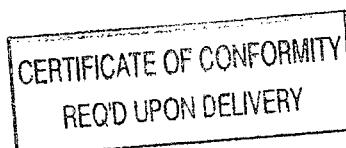
FAXED
FEB 13 2013

Line Nbr	Reference Revision ID	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
	646.3710P	Doubler	4/05/13 Yes	30.00 Each	FedEx PI collect	\$268.0000	\$8,040.00

Special Inst.: AS PER DWG 646.3710 REV. A
B97175
NOTE: BLACK HARD ANODIZE AND
PRIMER IS INCLUDED IN PRICE

SO13-4-S

PO Total: \$8,040.00



No substitution or deviation without
consent.
Certificate of Conformity or Material
Certification required? YES NO

Change Nbr: 1

Change Date: 2/26/13

FedEx International Air Waybill

Express

Customs Copy

1 From

Date 4-3-13 Sender's FedEx Account Number

Sender's Name Jason Secota Phone 760-723-4006

Company Southland Fabrication

Address 411 Industrial Way.

Address

City Fallbrook State Province CA

Country USA ZIP Postal Code 92028

2 To

Recipient's Name D

Phone 613-532-9577

Company Dart Aerospace Aerospace Ltd.

Address 1270 Aberdeen Dept/Floor

Address

City Hawkesbury State Province ON

Country Canada ZIP Postal Code K6A 1K7

Recipient's Tax ID Number for Customs Purposes
e.g., GST/RFC/VAT/IN/EIN/ABN, or as locally required.

3 Shipment Information

For EU Only: Tick here if goods are not in free circulation and provide C.I.

Total Packages 1 Total Weight 58 lbs/kg DIM 111 in. cm

Commodity Description DETAIL REQUIRED	Harmonized Code	Country of Manufacture	Value for Customs REQUIRED
<u>46371P Duster</u>			<u>\$10.00</u>

Has EEU/SED been filed in AES? No EEU/SED required, value \$2,500 or less per Sch. B Number, no license required (NLR), not subject to ITAR.

Total Declared Value for Carriage

Total Value for Customs
(Specify Currency)



4 Express Package Service

FedEx Int'l. Priority

FedEx Int'l. First

Packages up to 150 lbs./68 kg
For packages over 150 lbs./68 kg, use the
FedEx Expanded Service Int'l. Air Waybill.
Higher rates apply.

FedEx Int'l. Economy
FedEx Envelope and FedEx Pak
rate not available.

5 Packaging

FedEx Envelope

FedEx Pak

FedEx Box

FedEx Tube

Other SB H25.

PW

FedEx 10kg Box*

PX

FedEx 25kg Box*

6 Special Handling

HOLD at FedEx Location

SATURDAY Delivery

Available to select locations for FedEx Int'l. Priority only.

7a Payment Bill transportation charges to:

Enter FedEx Acct. No. or Credit Card No. below.

Sender Acct. No. in
Section 1 will be billed.

Recipient

Third Party

Credit Card
 Cash
 Check/
Cheque

FedEx Acct. No. 15179324-0

Total Transportation

Credit Card Exp. Date

Specify Currency

7b Payment Bill duties and taxes to:

ALL shipments may be subject to Customs charges,
which FedEx does not estimate prior to clearance.

Sender Acct. No. in
Section 1 will be billed.

Recipient

Third Party

Cash
Check/Cheque

FedEx Acct. No. 15179324-0

8 Your Internal Billing Reference

First 24 characters will appear on invoice.

9 Required Signature

Use of this Air Waybill constitutes your agreement to the Conditions of Contract on the back of this Air Waybill, and you represent that this shipment does not require a U.S. State Department License or contain dangerous goods. Certain international treaties, including the Warsaw Convention, may apply to this shipment and limit our liability for damage, loss, or delay, as described in the Conditions of Contract.

WARNING: These commodities, technology, or software were exported from the United States in accordance with Export Administration Regulations. Diversion contrary to U.S. law prohibited.

Sender's Signature [Signature]

This is not authorization to deliver this shipment without a recipient signature.

Received above shipment in good order and condition. We agree to pay all charges, including Customs duties and taxes as applicable, and we agree to the Conditions of Contract as stated on the reverse side of the Recipient's Copy.

Recipient's Signature:

FedEx Tracking Number 8650 9363 9838 0402

Origin Station ID	Destination Station ID	URSA Routing	Handling Units
<u>HMTA</u>	<u>CA/YMIXA</u>		Total Volume (cm)
Received At <u>1</u> <input type="checkbox"/> Reg. Stop	<u>2</u> <input type="checkbox"/> On-Call Stop	<u>3</u> <input checked="" type="checkbox"/> Drop Box	<u>4</u> <input type="checkbox"/> World Service Center <u>5</u> <input type="checkbox"/> Station
Forms Attached: <input checked="" type="checkbox"/> CI			<input type="checkbox"/> CO

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Rev. Date 4/06
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Form
ID No.